



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Handout

CREDIT CARD PAYMENT FORM

Form of Payment	Visa_____ MC_____ Discover _____
Name (as it appears on the card)	_____
Address (for the credit card bill)	_____
City, State, Zip	_____
Daytime Phone	(_____)_____
Credit Card Account No.	_____-_____-_____-_____
Expiration Date	____/____
Amount Paid	\$_____ Initials _____
Declined_____	Invalid #_____